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## APPLICANTS

Michael R. Suski, Flushing, MI;

Michael F. Suski, Flushing, MI;

\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

## ADDRESS

00136  
 JACOBSON HOLMAN PLLC  
 400 SEVENTH STREET N.W.  
 SUITE 600  
 WASHINGTON, DC  
 20004

## TITLE

Urine dispersing urinal insert device

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